Montana Department of **REVENUE**

Metalliferous Mines License Tax

For 6-month period ending _____
Title 15, Chapter 37, Part 1, MCA

For Department Use Only

Name:	
Address:	
Address:	
City:	State:	Zip Code:

1. FEIN:	2. Account ID:
3. Period:	4. If this is an amended return, check here ☐

5. If you are no longer in business and want your account cancelled, enter the final date_____

6. If your mailing address has changed, check the box and print new address below: ☐

_____

_____

Name of Mine:	Smelter Name:
County:	Address:
Section: Township: Range:	City:
School District:	State: Zip:

Type of Mineral	Quantity in Ounce	Gross Value of Mineral
7. Copper………………………………	oz	$
8. Gold……………………………..	oz	$
9. Lead………………………….	oz	$
10. Molybdenum…………………….	oz	$
11. Nickel…………………………..	oz	$
12. Palladium………………………..	oz	$
13. Platinum…………………………	oz	$
14. Silver……………………………	oz	$
15. Zinc……………………………	oz	$
16. Other_____	oz	$
17. Total Gross Value (Sum of Lines 7 - 16)…………………………….		$

Deductions:

18. Less: Treatment and Refining Charges………………………	$ ( )
19. Less: Transportation from Mine to Smelter……………………..	$ ( )
20. Merchantable Value (Line 17 Minus Line 18 and Line 19)……………	$

If yearly total of gross value is less than $250,000, do not continue. Please file a RITT return.

Tax Computation:	Tax Rate	Tax Due
21. Dore, Bullion and Matte Shipments		
a) First $250,000 of value per reporting period……………..	0%	
b) More than $250,000 per year…………………………….	1.6%	$
22. Concentrate or Crude Ore Shipments		
a) First $250,000 of value per reporting period………………	0%	
b) More than $250,000 per year………………………………	1.81%	$
23. Tax Due (lines 21b plus 22b)………………………………………		$
24. Late Pay Penalty (1.5% per month)…………………………………		$
25. Interest (12% per year computed daily)…………………………..		$
26. Total Amount Due (add lines 23, 24, and 25)……………………………		$

Returns for the period ending June 30th are due on August 15th and for period ending December 31st are due on March 31st.
Penalties and Interest will be applied if late.

I hereby swear or affirm under penalty of perjury that the statements contained herein are true to the best of my knowledge.

Signature _____

Title _____ Phone _____ Date _____

Mail this return to:
Department of Revenue, PO Box 5805, Helena MT 59604-5805